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CONFIRMATION NO. 5612

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/798,348 | FILING OR 371(c) DATE 03/12/2004 RULE | CLASS 379 | GROUP ART UNIT 2614 | ATTORNEY DOCKET NO. CDR02021 | |
| APPLICANTS Kurt. P. Haldeman, Hiawatha, IA; William A. McClelland, Cedar Rapids, IA; Benjamin W. Dudley, Toddville, IA; | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/699,823 11/04/2003 and claims benefit of 60/517,899 11/07/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/25/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u> | | STATE OR COUNTRY IA | SHEETS DRAWING 3 | TOTAL CLAIMS 23 | INDEPENDENT CLAIMS 5 |
| ADDRESS 25537 | | | | | |
| TITLE Method and system for providing communication services for hearing-impaired parties | | | | | |
| FILING FEE RECEIVED 996 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |